

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101589,711

FILING DATE

8-17-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6	/					
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41	/					
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47	/					
48	/					
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	46	←	←	←	←	←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						